

Office of Financial Aid

STUDENT REQUEST FOR CHANGE OF CIRCUMSTANCE LOSS OF INCOME



APPLICANT INFORMATION

Student Name:	Student SS/ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student email:
Student Phone:	Student Alternate Phone:

Please note that according to the Department of Education, unusual circumstances do not include:

- Reduction of income based on bankruptcy
- Tuition paid for elementary/secondary private school
- Reduction of income due to loss of overtime pay
- Families with reductions processed in 2016 that grossly underestimated 2016 income
- Medical expenses other than those claimed as a deduction on your 2016 tax returns
- Unusual expenses related to personal living and consumer item expenses.

Documents required for a Change in Circumstance due to Loss of Income

<input type="checkbox"/>	Your last paycheck stubs for all jobs.
<input type="checkbox"/>	Current paystubs for all other members of your family whose income was used on the FAFSA.
<input type="checkbox"/>	Letter stating the last date of employment from previous employer(s).
<input type="checkbox"/>	Statement of Benefits from TWC regarding unemployment benefits for all members of your family whose income was used on the FAFSA. (If applicable)
<input type="checkbox"/>	Copies of 2016 Federal Tax Return Transcripts and W-2 transcripts for all jobs worked in 2016. www.irs.gov/800-829-1040
<input type="checkbox"/>	Completed 2018-2019 FAFSA based on 2016 Annual Year income on file at GC.
<input type="checkbox"/>	Employment Record – Complete on back page.

All students must complete this section of this form.

EMPLOYMENT RECORD

Employer	Start Date:	End Date:
Employer	Start Date:	End Date:
Employer	Start Date:	End Date:
Employer	Start Date:	End Date:

EXPLANATION OF CHANGES

Provide a clear explanation of changes that occurred which have affected your income, if needed, attach a separate sheet.

WARNING: In applying for a change in circumstance for the 2017-2018 school year, I understand:

- Additional documentation may be requested.
- Requests may take up to 6 weeks to process.
- Incomplete requests will not be processed.

I have read and agree to the warning above:

Print Name:

Student ID:

Student Signature

Date

Grayson College 6101 Grayson Drive Denison Texas 75020-8399

Web: www.grayson.edu

email: financialaid@grayson.edu

Phone: 903 463-8794

Fax: 903 463-3908